

**PRIMARY CARE COMMISSIONING COMMITTEE
MINUTES OF THE MEETING HELD ON FRIDAY 22nd OCTOBER 2021.**

MS Teams Meeting

PART 1

PRESENT:

Voting Members:

J Stamp, NHS Hull CCG (Lay Representative) Chair
J Crick, Hull City Council (Consultant in Public Health Medicine) deputising for J Weldon
Hull City Council Director of Public Health
E Daley, NHS Hull CCG, (Interim Chief Operating Officer)
I Goode, NHS Hull CCG (Lay Representative)
D Lowe, NHS Hull CCG (Acting Director of Nursing and Quality)
Dr D Roper, NHS Hull CCG (Chair of NHS Hull CCG)
E Sayner, NHS Hull CCG (Chief Finance Officer)

Non-Voting Attendees:

Dr B Ali, NHS Hull CCG (GP Member)
Dr M Balouch, NHS Hull CCG (GP Member)
P Davis, NHS Hull CCG (Strategic Lead - Primary Care)
Cllr G Lunn, (Health and Wellbeing Board Representative/Elected Member)
J Dunn, Healthwatch (Delivery Manager)
S Lee, NHS Hull CCG (Associate Director of Communications and Engagement)
M Napier, NHS Hull CCG (Associate Director of Corporate Affairs)
Z Norris, LMC, (Medical Director, Humberside LMC)
Dr A Oehring, NHS Hull CCG (GP Member)
H Patterson, NHS England & NHS Improvement, (Primary Care Contracts Manager)
Dr V Rawcliffe, NHS Hull CCG (GP Member)
M Whitaker, NHS Hull CCG (Practice Manager Representative)

IN ATTENDANCE:

D Robinson, NHS Hull CCG (Minute Taker)

WELCOME AND INTRODUCTIONS

The Chair welcomed everyone to the meeting.

1. APOLOGIES FOR ABSENCE

Voting Members:

E Latimer, NHS Hull CCG (Chief Officer)
K Marshall, NHS Hull CCG (Lay Representative)
J Weldon, Hull City Council, (Director of Public Health and Adults)

Non-Voting Members:

Dr J Moulton, NHS Hull CCG (GP Member)

2. MINUTES OF THE MEETING HELD ON 25 JUNE 2021

The minutes of the meeting held on 25 June 2021 were approved as a true and accurate record after minor typos.

Resolved

(a)	The minutes of the meeting held on 25 June 2021 were approved as a true and accurate record of the meeting after minor typos, and would be formally signed by the Chair.
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3. MATTERS ARISING FROM THE MEETING

The Action List from the meeting held on 25 June 2021 had been provided for information:

Resolved

(a)	Members of the Primary Care Commissioning Committee noted there were no update required.
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4. NOTIFICATION OF ANY OTHER BUSINESS

Any proposed item to be taken under Any Other Business must be raised and subsequently approved, at least 24 hours in advance of the meeting by the Chair.

There were no items of Any other Business to discuss.

Resolved

(a)	The Primary Care Commissioning Committee noted that there were no items of Any other Business to discuss.
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5. DECLARATIONS OF INTEREST

In relation to any item on the agenda of the meeting, members were reminded of the need to declare:

- (i) any interests which are relevant or material to the CCG;
- (ii) any changes in interest previously declared; or
- (iii) any financial interest (direct or indirect) on any item on the agenda.

Any declaration of interest should be brought to the attention of the Chair in advance of the meeting or as soon as they become apparent in the meeting. For any interest declared the minutes of the meeting must record:

- (i) the name of the person declaring the interest;
- (ii) the agenda number item number to which the interest relates;
- (iii) the nature of the interest and the Action taken;
- (iv) be declared under this section and at the top of the agenda item which it relates to.

Name	Agenda No	Nature of Interest and Action Taken
Masood Balouch	7.1 item 3.1	Professional Interest – Partner at Haxby Group. The declaration was noted
Bushra Ali	7.1 Item 3.1	Professional Interest – Partner at Modality Partnership Hull and member of Modality PCN with Dr Cook. The declaration was noted
Amy Oehring	7.1 Item 3.1	Professional Interest – Partner at Sutton Manor Surgery. The declaration was noted
Mark Whitaker	7.1 Item 3.1	Professional Interest – Practice Manager Newland Health Centre – The declaration was noted.
Vince Rawcliffe	7.1 Item 3.1	Professional Interest – Member of Family works within the Modality Partnership Hull. The declaration was noted
Masood Balouch	7.1 Item 3.2	Financial Interest – Partner at Haxby Group. The declaration was noted
Bushra Ali	7.1 Item 3.2	Direct Interest – Partner at Modality Partnership Hull and member of Modality PCN with Dr Cook. The declaration was noted
Amy Oehring	7.1 Item 3.2	Financial Interest – Partner at Sutton Manor Surgery. The declaration was noted
Mark Whitaker	7.1 Item 3.2	Financial Interest – Practice Manager Newland Health Centre – The declaration was noted.
Vince Rawcliffe	7.1 Item 3.2	Direct Interest – Member of Family works within the Modality Partnership Hull. The declaration was noted

Resolved

(a)	The above declarations of interest were noted.
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6. GOVERNANCE

6.1 PRIMARY CARE COVID-19 RESPONSE ENGAGEMENT

The Associate Director of Communication and Engagement presented an update on the engagement work.

Committee Members were advised that in February 2021 an engagement report had been presented around the findings of a Humber wide engagement exercise which reviewed the changes that had been made in delivery of Primary Care. At the February 2021 Primary Care Commissioning Committee, it was agreed that it would be beneficial to undertake the engagement exercise again. Due to operational challenges and numerous pieces of engagement work being undertaken by various organisations Committee Members were asked to acknowledge the work which had taken place and defer a further piece of engagement at this point.

The Chair suggested that future engagement work should be joined up to add value and produce a richer piece of engagement.

Dr Crick stated that GP practices would be required to consult on the changes that had been made through the COVID pandemic. It was noted that all the pre-engagement work would be utilised by GP practices for changes made. The Associate Director of Communication and Engagement advised that NHS Hull CCG had been clear that any

changes made through the pandemic were temporary and due process to meet the legal requirements would need to be followed if changes were to be made permanent.

The Chair stated that through the Primary Care Communication and Engagement Group it would be determined what the vision was for engaging with the community.

Resolved

(a)	Members of the Primary Care Commissioning Committee noted the deferral of the repeat of the Primary Care Response to COVID-19 engagement.
(b)	Members of the Primary Care Commissioning Committee noted the future engagement recommendations for service change.

7. STRATEGY

7.1 STRATEGIC COMMISSIONING PLAN FOR PRIMARY CARE AND PRIMARY CARE UPDATE

Dr Bushra Ali, Dr Masood Balouch, and Dr Amy Oehring declared a professional interest in agenda item 7.1 item 3.1 as partners in GP practices. All members contributed and stayed in the meeting. Dr Bushra Ali, Dr Masood Balouch, and Dr Amy Oehring declared a financial interest in agenda item 7.1 item 3.2 as partners in GP practices. Dr Ali & Dr Rawcliffe would need to leave the call, the remaining members contributed and stayed in the meeting.

The Assistant Primary Care Contracts Manager NHSE and Strategic Lead Primary Care NHS Hull CCG presented a to update the Committee on the Strategic Commissioning Plan for Primary Care and to present primary medical care matters including for approval contract issues within Hull and also to provide national updates around primary medical care.

Item 3.1 CONTRACT CHANGES

Hastings Medical Centre (Practice Code – B81075) List Closure Application

Committee Members were advised that the practice was seeing an increase in list size which was stretching capacity both administratively and clinically. The practice was also experiencing limitations of the current building, and therefore was requesting approval to close the practice list for a 12-month period to reconfigure the building and complete the paperwork around new registrations.

It was noted that the practice had a large number of patients who live outside of their current practice boundaries, work was ongoing to encourage these patients to register closer to their home address.

Dr Rawcliffe asked for clarity on why the practice did not want to move into the new West Hull build. The Assistant Primary Care Contracts Manager NHSE advised a business-based decision was made as they did not want to move and incur additional costs.

The workforce data had been shared as the Hastings Medical Centre holds a GMS contract with partners who hold another GMS contract for a practice in the East Riding of Yorkshire. The Medical Director, Humberside LMC advised that the Hastings Medical Centre does not wish to reduce their list size and would welcome additional patients once the premises had been re-configured. It was stated that the practice had

too many patients and not enough clinical cover for a temporary period, a temporary closure of the list would enable this issue to be addressed.

The Strategic Lead - Primary Care queried whether there was an opportunity for additional role staff patients to access services at alternative sites. The Assistant Primary Care Contracts Manager NHSE advised this had not been examined and would now be addressed.

Committee Members voted and the majority voted in favour of closing the patient list at Hastings Medical Centre for 6 months.

Item 3.2 Modality Practice (Practice Code – B81048) Boundary Change

Dr Ali and Dr Rawcliffe left the call.

Committee Members were advised that Modality Practice had applied to revise the practice boundary so that it aligns to the geographical boundary of Hull. This would minimise the inequalities in service provision for the patients who currently reside between Hull and East Riding. The amendment would only affect new registrations and existing patients who move out of the amended area in future. Committee Members were assured that there would be no de-registration of existing East Riding patients.

Clarification was requested whether a family member coming back to the East Riding where the rest of the family was registered with Modality could be registered. The Strategic Lead – Primary Care advised that there was still discretion from the practice for patients who live outside of the practice boundary.

The Medical Director, Humberside LMC stated that Modality like many practices was challenged regarding access and were there any other measures in place beyond the boundary change. The Strategic Lead – Primary Care advised that Modality were on track to use their resource in the Additional Roles Reimbursement Scheme.

Committee Members voted and the majority voted in favour of the boundary change request for Modality.

Dr Ali and Dr Rawcliffe re-joined the call

Winter Monies

The Assistant Primary Care Contracts Manager NHSE advised that additional winter monies to support access in primary care were to be made available and that plans must be submitted by 28th October 2021.

Delegation

The Committee was informed that the Humber Coast and Vale Integrated Care System (ICS) would assume delegated responsibilities for primary medical services from April 2022; for other primary care contractor the ICS will assume delegation from April 2023 taking on a shadow form from October 2022. Plans had been developed to show how the responsibilities would be undertaken.

Enhanced Services – Long COVID and Weight Management

It was stated that all practices apart from one had signed up the Long COVID Enhanced Service, the outstanding one practice would be consulted with.

Primary Care Network Additional Roles

There were 55 additional roles whole time equivalents working across the 5 PCNs within Hull.

Resolved

(a)	Members of the Primary Care Commissioning Committee in relation to the closed list application for Hastings Medical Centre noted the contents of the report.
(b)	Members of the Primary Care Commissioning Committee in relation to the closed list application for Hastings Medical Centre support the list closure.
(c)	Members of the Primary Care Commissioning Committee in relation to the closed list application for Hastings Medical Centre support the list closure for 6 months.
(d)	Members of the Primary Care Commissioning Committee in relation to the boundary change request for Modality noted the contents of the report.
(e)	Members of the Primary Care Commissioning Committee in relation to the boundary change request for Modality considered and approved the practice application to amend their practice boundaries.
(f)	Members of the Primary Care Commissioning Committee noted the NHS England updates in particular the GP access and delegation assessment framework sections.

8. SYSTEM DEVELOPMENT & IMPLEMENTATION

8.1 NEWLY DESIGNED ENHANCED SERVICES – PRIMARY CARE NETWORK & THE GP NETWORK CONTRACT DES

There were no newly designed enhanced services to discuss.

8.2 EXTENDED PRIMARY CARE MEDICAL SERVICES – CURRENT AND NEWLY DESIGNED

The Commissioning Manager presented a report to update Committee Members regarding Extended Primary Care Medical Services.

As part of the Extended Primary Care Medical Services (EPCMS) review carried out in 2019 & 2020, it was identified that there were several services currently being delivered within Primary Care which were not considered as core services:

- Ring Pessary Fitting Service
- Secondary Care Generated Interventions
- Adult Fostering & Adoption Medicals
- Minor Surgery
- 12-Lead Electrocardiogram
- PSA Monitoring

It was noted that there had been a lack of PSA monitoring and ECG uptake from PCNs, two PCN's had commenced filtering into the service and the remaining 3 PCN's would be contacted so assurance could be gained of who had been delivering what service to who and where the gaps in service were.

It was acknowledged to move towards the PCN way of working rather than a practice way of working the contract would need to be further explained, a SOP produced and an EOI completed.

Resolved

(a)	Members of the Primary Care Commissioning Committee noted the update of the Hull Extended Primary Care Medical Services.
(d)	Members of the Primary Care Commissioning Committee approved the commissioning of this services from 1st September 2021 at PCN level with remuneration for activity undertaken from 1 July.

8.3 RISK REGISTER

The Strategic Lead – Primary Care NHS Hull CCG presented the risk report for noting with regard to the primary care related risks on the corporate risk register.

It was noted that there where currently 37 risks on the CCG Risk Register, 5 of which related to primary care. All the risks included within the report were rated as high risk and had a risk score of 8 or above.

The Strategic Lead Primary Care advised that Risk 902 required reviewing as it was not only clinical staff there was an insufficient number of administration/clerical staff were leaving practices.

Work was being undertaken with the East Riding around utilising the Primary Care App for Opel level reporting of pressures within primary care.

A piece of work had been taking place to review and potentially refresh a risk around PCN configuration.

The Chair asked if any of the risks reported had escalated due to the system pressures around primary care and public perception. The Strategic Lead Primary Care advised that there had been national communications around the roles of primary care and what their responsibilities were. It was noted that primary care had been going through a difficult time and support should be provided as risks situations become extremely difficult for clinical and administration staff.

Resolved

(a)	Members of the Primary Care Commissioning Committee noted or commented where appropriate, on the relevant risks, controls and assurances within the risk register.
(b)	Risk 902 would be reviewed as clinical and administration staff are in an extremely difficult situation.

8.4 PRIMARY CARE DELEGATED FINANCE REPORT

The Chief Finance Officer presented the report to brief the Primary Care Commissioning Committee on the financial position with the Primary Care delegated budgets.

Committee Members were advised that there were 3 elements to the provided report:

- Year to Date Performance
- PMS Premium Approval
- CCG reporting Requirements – Investment in Primary Care

It was noted that the H2 allocation had been received, a H2 system level plan would be submitted by 16th November 2021 which included Primary Care expenditure.

Resolved

(a)	Members of the Primary Care Commissioning Committee noted the Finance Report as at the end of September 2021.
(b)	Members of the Primary Care Commissioning Committee noted the PMS Premium Spend Approved.
(c)	Members of the Primary Care Commissioning Committee noted the CCG report produced based on reporting requirements from NHS England.

9. FOR INFORMATION

9.1 PRIMARY CARE QUALITY & PERFORMANCE SUB COMMITTEE

The Primary Care Quality & Performance Sub Committee minutes from 24 May 2021 & 13 July 2021 were circulated for information.

10. ANY OTHER BUSINESS

Three virtual decisions had been made in the absence of the August 2021 Committee meeting taking place.

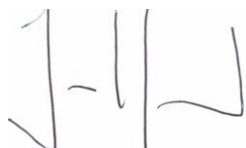
Clinical Waste Decisions – 6 Members voted to agree the proposal

EPCMS Responses – 6 Members voted to agree the proposal

Extension of Practice Closure – 6 Members voted to decline the proposal.

11. DATE AND TIME OF NEXT MEETING

The next meeting would be held on **Friday 17 December 2021** at 12.15 pm – 14.00 pm via MS Teams.



Signed: _____
(Chair of the Primary Care Commissioning Committee)

Date: 17 December 2021

Abbreviations

APMS	Alternative Provider Medical Services
CQRS	Calculating Quality Reporting Service
DES	Direct Enhanced Service
GPRP	GP Resilience Programme
GMS	General Medical Service
HUTHT	Hull University Hospital NHS Trust
NHSE	NHS England
PCN	Primary Care Network
P&CC	Planning & Commissioning Committee
PCCC	Primary Care Commissioning Committee
PCQPSC	Primary Care Quality & Performance Sub-Committee (PCQPSC).
PMS	Personal Medical Service
PPG	Patient Participation Group
Q&PC	Quality & Performance Committee
QOF	Quality and Outcomes Framework
STP	Sustainability and Transformation Partnerships
ToR	Terms of Reference